

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 01/26/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.												
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on												
this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRO	DUCE	R			CONTACT Curtis McKeon							
The Hilb Group New England, LLC							PHONE (A/C, No, Ext): (800) 232-0582 FAX (A/C, No): (888) 505-9300					
2000 Chapel View Blvd						E-MAIL cmckeon@hilbgroup.com						
Suite 240						INSURER(S) AFFORDING COVERAGE NAIC #					NAIC #	
Cranston RI 02920					RI 02920	INSURER A: Great American Insurance Company					16691	
INSURED						INSURER B : Lloyds Syndicates					AA1128001	
Long Beach Sailing Foundation						INSURER C :						
6201 Appian Way						INSURER D :						
						INSURER E :						
Long Beach CA 90803						INSURER F :						
COVERAGES CERTIFICATE NUMBER: CL2412661980												
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD												
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	INEDUC	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
LTR	×	COMMERCIAL GENERAL LIABILITY	INSU	WVD			(MM/DD/YYYY)	(דדדוטטאווייה)	EACH OCCURRENCE		0,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	\$ 50,0		
									PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5,00		
А					OMH 185-44-69 07		02/07/2024	02/07/2025	PERSONAL & ADV INJURY		0,000	
		I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
	X	PRO-								φ	0,000	
									PRODUCTS - COMP/OP AGG	\$		
	AUT	OTHER: OMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
		ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
		AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
											0,000	
В	×	EXCESS LIAB			LEL/24/401		02/07/2024	02/07/2025		φ.		
		CEAINIS-MADE							AGGREGATE	\$		
	WOR	DED RETENTION \$							PER OTH-	\$		
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE										
	OFFI	CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	If yes	, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
		CRIPTION OF OPERATIONS below			<u> </u>				E.L. DISEASE - POLICY LIMIT EACH OCCURRENCE	\$ \$1,0	00,000	
A	Pro	tection & Indemnity			OMH 185-44-69 07		02/07/2024	02/07/2025			,	
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	bace is required)	I	I		
Cer	tificat	e issued as proof of insurance.										
CE	RTIFI	CATE HOLDER				CANO	ELLATION					
	VIIE!					UANU					1	
Long Beach Sailing Foundation 6201 East Applan Way						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
						AUTHORIZED REPRESENTATIVE						
Long Beach				CA 90803			Just min					

The ACORD name and logo are registered marks of ACORD

© 1988-2015 ACORD CORPORATION. All rights reserved.